

Report of the Meeting of the Montana WIC Workgroup (WW)

Tuesday, January 10 and Wednesday, January 11, 2017

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Introduction

The purpose of the meetings was to guide WIC Program improvements through collaboration between local and state agencies.

The meetings were held on Tuesday, January 10, and Wednesday, January 11, 2017. The following is a report of the meeting activities.

Participants included:

Mary Beth Frideres	OurHeadsTogether, LLC
Kate Girard	DPHHS/WIC Director
Barbara Skoyen	WIC Director, Fort Belknap
Sue Hansen	WIC Director, Beaverhead County
Darcy Hunter	WIC Coordinator, Gallatin County
Deb Fix	WIC Director, Crow
Jeanine Lund	WIC Director, Flathead County
Chris Fogelman	State WIC Nutritionist/Breastfeeding Coordinator
Kelly Aughney	State WIC Administrative
Alex Long	State WIC Outreach Coordinator
Lacy Little	State WIC Nutritionist
Kevin Moore	State WIC Vendor Manager
Alaine Broadaway	State WIC Epidemiologist

The meeting was facilitated by Mary Beth Frideres of OurHeadsTogether, LLC.

DAY ONE

Opening Comments

The meeting started at 8:30 a.m. Opening comments were made by Kate Girard, DPHHS WIC Director. Kate welcomed everyone and thanked them for travelling in poor weather conditions. After introductions, Mary Beth reviewed the agenda with the group and told them that the agenda was created to begin to address the three strategic directions identified in the last meeting: Toward improving overall communication, toward developing outreach strategies, and toward improving program quality.

Reflections on the First WW Meeting

Kate offered her review of the initial WW meeting. She felt that the group had come together nicely, that there did not seem to be any conflict over priorities that were selected, and that it was a “smooth process.” She reiterated that recommendations that come from the WWG shall be discussed by the state staff and every effort will be made to implement them. There may be cases, however, because of state policies or regulations, not all recommendations will go forward. She said she was happy to have the group assist the state to work through problems.

MAWA Report on System to Replace WW Members

Gayle Espeseth could not be present due to weather. She was designated to report on how membership would be handled through MAWA, as discussed on their most recent conference call. Kate reviewed the document for the group. MAWA determined that the initial member ship would be a minimum of 2 years. Early in 2018 there would be communication with WWG members to determine who would like to commit to a 3rd year, and who would like to come off at the end of 2018. The goal is to replace 4-5 members for the October 2018 (Q1 of FFY 2019) with new members. The following year the members who stayed on for 3 years would be replaced and going forward there would be a 2 year commitment by all members with half changing annually.

Recruitment would happen by application posted in the WIC newsletter and potentially other means (such as MAWA meetings). There would be an effort to continue representation by like sized agencies to maintain about 4 small agency representatives, 3 medium and 2 large.

When a vacancy happened unexpectedly MAWA will reach out to agency and see if someone else would fill the position from the same agency of vacancy. If this is not possible, they will reach out to other like sized agency for replacement.

Communications Assessment

Kate presented a review of what is being done to make sure there is good communication between the State and local agencies and with other stakeholders. Kate used a PowerPoint presentation (attached) to offer that information to the group.

Several comments were made:

- Thank you for revising the state plan.
- Regarding the monitoring visits – could the state provide a template for what you are looking for in a corrective action plan? A fillable form would be great.
- The webinar prior to the monitoring visit is helpful.
- If there is a “known issue” with SPIRIT, we need to know about it. Suggest a section be added to the newsletter that reviews “quirks we are working on” and a website list of follow up actions (a log, tabbed on the side of the webpage). Discussion occurred around DPHHS requiring that all webpages be ADA compliant for vision and hearing accessibility. This causes some distortion in the “look” of websites.
- Conference calls are good.
- Website – conference call recordings, PowerPoints, meeting minutes are available there – WWG members like that.
- Would like locals to be notified prior to implementation of program changes.

Kate reviewed the process and results of the Annual Survey. Group comments supported the process that was used. Because of the results, customer service training was provided to state WIC staff and several technical and support systems are being improved (see PowerPoint presentation, attached). In addition, the state staff has worked to simplify the State Plan. Surveys will continue to be done annually with the hope that feedback shows improvement.

Comments:

- Epidemiologist may be helpful to improve questions in the survey. We need measurable data – how can you ask questions so that the answers can be measured?
- Perhaps be more open in questions: “Is there anything else you want the state to know?”

One WWG member asked if there would be another Participant Survey and Kate said, yes. The state is reviewing how it should be done – postcards, through WIC Shopper, kiosk, etc. Anonymity is seen as important. Kate told the group that the state surveyed clients that dropped WIC.

Comments:

- Would like several options.
- In rural areas, will get better response from a paper survey – not all have smartphones.
- Would like to see a computer option, as well.
- Would prefer prepaid postcards.
- Suggested questions: “Did you have a good experience?”, “How did you hear about WIC?”, “Are we meeting your needs?”, “Would you refer someone to WIC?” - like those you see at a doctor’s office.
- Is there a way in SPIRIT that the question about “Where did you hear about WIC?” could be tagged to a date, so we could track if outreach methods were effective? Maybe it would be better if we could select more than one option from the list. The “Friends and Family” option should appear at the bottom of the list of answers.
- A lot of people saw WIC ads on the delivery trucks in smaller towns.
- Magnets on the cars helped, too.
- Many people think that they don’t financially qualify for WIC. Maybe we need to show the income eligibility numbers so more people will know that they do.

Discussion about the value of WIC services took place. There was some concern that the SPIRIT system requires answers which take away the attention of the staff and make the client experience less client-centered. One person asked, “Are we giving clients what they want and need?”

Comments:

- Perhaps the first question of the nutrition assessment should be more generic/open ended such as, “We are here to help you with parenting. Is there something we can help you with today? – something personal and meaningful to the client to get the conversation going.
- SPIRIT doesn’t ask if a two-year-old is still on bottles or uses a sippy cup or regular cup. It is easy to miss risk codes because of this.
- Perhaps the questions could be organized to show what points must be addressed (bulleted) and the interviewer asks his/her own questions. Could put what we are really getting at or why we are asking that question in parentheses with a link to risk codes.
- Take away the scroll bar.
- Maybe we could take the templates and put them out for feedback.

Kate suggested that the group take a fresh look at the templates and get some more feedback. It will be added to the agenda for the next meeting. It could also be a webinar topic.

Others communications – Kate told the group that the state program staff are considering the gap in information that exists between the state and the healthcare community. Topics include: Formula changes, Formula Prescription Forms, and outreach.

One group member (Darcy from Gallatin) told the group about a new approach to inform doctors about WIC. Once a month, from 3-5 p.m., a health department representative goes to an OB office without an agenda other than to give them a snack and invite questions about their programs. This has improved relationships and has been well received.

Another member (Jeanine from Flathead) told the group that their clinic staff is working on a list of questions for medical providers which is not a survey, but a short explanation of WIC services. (Example: Question – “What if you are treating a child that is underweight? This is how WIC can help....”).

Another member told the group that one of the clinics (Riverstone) which houses a Family Practice Residency, has a WIC orientation for the residents.

Group comments:

- On the reservations, docs cycle in and out.
- Face to face with docs is the most effective. Target nurses, too.
- Like the big magnets on cars – maybe with different messages/images, like some with income guidelines.
- Maybe refrigerator magnets, as well.
- Maybe messages for college campuses like “Student loans don’t count as income.”
- Docs looking for Formula Prescription Forms online – put tab on homepage of website with the title, in bold: “Prescription Forms.”
- Could use a question in SPIRIT – “Do you have your next appointment scheduled?”
- Someone should go to and bring back information about advocacy and stakeholders from the Leadership Conference in D.C.

Strategies for Outreach

Alaine Broadaway, Epidemiologist, presented a data analysis on “Adjunctively Eligible – Who is enrolling in Medicaid, but Not WIC?” (See charts in Powerpoint presentation, attached.) A summary of the results includes:

- In the Medicaid population studied, the odds of WIC enrollment of pregnant mothers go up if their pre-pregnancy BMI indicates overweight or obesity (vs. normal weight), if they are American Indian, and if they had adequate pre-natal care as defined.
- The odds of WIC enrollment of pregnant mothers go down if the mother is over 20 years old, if the mother has an Associate’s degree or higher, if they have had 1+ previous birth, if they enroll in Medicaid in the 2nd or 3rd trimester, and if they delivered in 2014.
- The odds of WIC enrollment of infants go up if the infant’s BMI indicates overweight or obesity and if the infant is an American Indian.
- The odds of WIC enrollment of infants go down if the mother is above age 20, if the mother has an Associate’s degree or higher, if the mother is married, and if the year of birth was in 2013 or 2014.

Group Comments:

- The epidemiologist was asked if the data is available by county. She replied yes, it is based on the county where the mom registered the birth, but she cautioned about small numbers.
- There is no way to specifically identify foster kids in the data, but their data is included. Some felt it would be important to identify that population for targeted outreach.
- EBT will make a big difference with outreach – no stigma.
- Do extended clinic hours work? Some members reported success with that approach.
- One member wanted to know if there was a way to track grandparents coming to WIC. Kate said there may be a way to search “authorized representative.”
- Moms with multiple kids are “not excited about taking kids out.” Mom is overwhelmed – may have to make another appointment to come back by themselves.
- With multiple kids, they get so much milk and cheese that they may not need any more.

Brainstorming State Outreach Program for Additional Grant Funds

Alex (State WIC Program) told the group that she is gathering information about outreach from several sources and provided a handout to summarize her activities. (See handout, attached.)

Group discussion about outreach produced many ideas. Kate felt that some of the ideas were activities that were appropriate for the State Outreach Plan and some could be carried out by local clinics with support from the state,

i.e., order from the state, then the locals handle placement. The grant application is due in February. Here are the suggestions for both approaches:

State Outreach

- ACES training (presence)
- Circle of Security training (presence)
- Bridges Out of Poverty training (presence)
- “I Am WIC” campaign – make it normal – Sammy Morris video
- Use participant testimonials/personal experience
- Connect with provider associations such as the State Dental Association, Academy of Pediatrics, OB, State Primary Care Association for CHCs, etc.
- Use new apps – WIC Shopper – WIC Health – WIC Smart
- EBT rollout opportunity
- Target survey to Older, Medicaid, White, Educated Moms – Why not WIC?
- Define the value of WIC – What is the carrot? (e.g., access to dietitian, meet other moms, peer support, access to prenatal classes, Baby Bistro)
- Reuse some of the images that have already been developed – they were good
- WIC is not just for infants – non-traditional families
- Use app to find local clinic
- Posters of WIC Shopper app
- Target more delivery trucks
- Billboards (maybe)
- Make income eligibility simple and more visible
- Use NWA campaign – “You’ve got this.”
- EBT – “WIC Just Got Easier” messaging
- Videos to play on loop to captured audiences

Local Outreach

- Advertise where people go like gas stations, beauty salons – this “normalizes WIC” – grandmas driving by wonder if their relatives could be on WIC
- More mobile media (busses, magnets on cars)
- If conferences are in their area, local clinics could staff WIC booths – would need to be on a calendar or to be notified if there is a conference scheduled in their area
- Could do “Flash Mobs”
- Work with local Head Start
- Local phone numbers on posters
- Target local delivery trucks – state needs the specs for local trucks
- Small businesses (Walmart, grocery stores, hospitals, child care centers)
- Sponsor visits to docs (and others) with snacks
- Outreach at colleges

Food List Follow Up

Kate handed out the “almost final” Food List which will roll out with EBT (see handout, attached,) and an example card holder and food booklet. In regard to the EBT card holder, there was much discussion. Kate and the state staff described how a participant can get another card if theirs gets lost and get a replacement PIN, as well. The group liked the cardholder and made a few suggestions. One member said people will enter their appointment in their phone, another did not want too much information on the cardholder, and another said the clinic staff like to write down what to bring to the next appointment.

In regard to the food booklet, some liked having “frequently asked questions,” some liked the Solutran information, some liked “how to use the WIC Benefit,” some would like having brief information related to what is listed, some

want the purpose of the program, and some would like the information about what happens if you sell WIC food included. Kate noted that whoever has the PIN can use the card.

Jeanine brought suggestions from her clinic staff about the Food List:

- New Food List should say “no pouches” under the canned fruit and vegetable section.
- Please have at least one local agency staff member that works directly with clients review the food list or new packets for functionality, readability, and typos.

A group member added that infant baby foods should also say “no pouches.”

Evaluation Day 1

Mary Beth asked each group member to identify one thing they liked about the meeting and one thing that could be done to improve it. As to what was liked, several members said that they liked the participation of everyone. One person said the group was “engaged and involved.” One person liked the collaboration between medium and small clinics, noting that “we have similar problems.” One person liked that name tent cards were provided and that it would be nice to add where people are from. Another member liked the discussion on outreach and said there were a lot of interesting ideas. One person liked that the epidemiologist was present and was helpful in explaining the data. Another liked the participation from different agencies – “the diversity of it.” One person liked the critical thinking that was demonstrated and felt that the group had a “passionate view for the betterment of the program.” Another person liked “the commitment and passion for WIC – to make it the best we can.” One member noted that “It has been fun hearing from people who are doing WIC.” One person “appreciated the perspectives on outreach and the addition of data into the discussion.” One person appreciated all of the outreach examples that were given – “outside the box.” And one person offered a “thank you for doing this and listening to us.”

What could be changed to improve? One person would have liked better roads. Two people would have liked the room a “tad warmer in the morning.” And one said “and a tad cooler in the afternoon.” One person said, “I need to not be distracted by side conversations.” One person was frustrated by not remembering some information and having no answer to “What is the carrot?” One person would have liked to stretch and stand and one would have liked to get up and move around more. One person said to “watch side conversations.” Two people would have liked the tables closer together. One person regretted that the group “left the carrot issue without closure.” And one person would have liked a “concrete wrap up of the outreach discussion.”

DAY TWO

Opening Comments

Kate gave the opening welcome and thanked all participants for the work they did yesterday. Mary Beth reviewed the agenda and said that based on yesterday’s evaluation and a request from Kate, the group would work to narrow the State Outreach brainstorming list this morning.

Narrowing Outreach Options

Kate wanted the group to identify target populations and strategies to address them. Here is the result of the group’s work:

Target Populations

- 20-35 year-old, educated, working women
- Families with multiple children
- Medicaid enrollees
- Married women and men

- Men and women with kids in college
- Foster/kinship care families
- Pregnant women – get in earlier
- Caretakers of 2-4 year old children
- Eligible for Medicaid but not participating in WIC

Strategies

- Document that lists problems and what WIC can do about them.
- Need to “normalize” WIC.
- Identify Public Health Impacts.
- Focus on income guidelines – let people know if on school lunch, qualifies for WIC.
- EBT – “WIC just got easier.”
- How – videos, testimonials - one with audio, one without, gas pumps, make it FUN – Veggie Tales, “String cheese is back!”
- Develop an audio jingle.
- Address what is important to pregnant women – health outcomes.
- Get out information about what WIC is – “You helped me be a better mom.”, “Not every child is the same.”, “WIC saved my butt!”

Review of Formula Prescription Forms

Kate and the group discussed issues around Formula Prescription Forms:

- Formula companies target docs and try to influence state WIC program formularies. Montana does not have a formulary but does list formulas on the prescription form.
- If a doc wants a specific formula, he/she must write a prescription. There are currently two prescription forms on the website.
- Docs and staff have trouble finding the forms.
- The group would like to consolidate the two forms into one and to facilitate finding the prescription form on the WIC homepage by using a tab labeled “Prescription Form” in bold.
- The form should have a write-in formula space on the front and list the formulas and give the doc some information about indications for use on the back.
- The form should state that the formula may be prescribed for up to one year.
- Should address if the doc is treating a tube-fed baby, consider Medicaid as a first payer.
- Could consider two forms – one for infants and one for children/adults.
- Consider asterisks or shading for what formula needs to be ordered by the state.
- Some formulas may need to be ordered if not available in smaller towns.

The group requested that Kate bring some examples to the next meeting for review by the group. They suggested that training of local staff should be completed before implementation of a new form(s).

WIC Data for QI

Kate and Alaine provided a review of data that is tracked for WIC. DPHHS requires that data be collected and matched to goals to demonstrate the value of each program for accreditation. The data system is called “HealthStat.” Here is a summary of the WIC data in HealthStat:

	Actual	Goal
Breastfeeding Initiation	78.2%	82%
Customer Satisfaction	89%	95%
% of Benefits Redeemed	77%	80%
% of Post-partum women who are	59%	58% (met goal)

breastfeeding		
% of Potentially eligible MT	37.40%	4%
Residents who participate in WIC		
Statewide annual participation	18,295	22,000

There was discussion amongst group members about data origins, formulas, and trends. Some data that could be useful to local clinics. Current data that is being tracked and shared monthly/annually include:

- Breastfeeding
- Anemia
- BMI
- Participation

Members asked the state if other data could be collected such as:

- Trimester when client began WIC (One member told the group that OBs in Bozeman do not take appointments until the 3rd month of pregnancy.)
- Certifications 1st year, 2nd year, 3rd year (attrition)

Kate and Alaine discussed some national/regional data sets:

- Healthy People 2020
- Participant characteristics (demographic data) done biannually
- PedNSS and PNSS – was national through CDC but it was discontinued. Now – Michigan built a system and it spread through the Midwest and Mountain West regions (15-20 states)
- 798 Report – standard, monthly report to the Feds

Comments:

- Would like to see trimester (or # month, or #weeks gestation) of entry into WIC. What health outcomes are related to the start of WIC?
- Would like to see breastfeeding initiation and how long it continued – 3 mo., 6 mo., 12 mo., (any breastfeeding). Follow for a full year. Could look at partially, substantially, and full breastfeeding.
- Would like to see prematurity rates and low birthweight rates per county (staff cautioned against low numbers)
- BMI correlation to Breastfeeding data is very cool – maybe we take the data we have and ask certain questions
- Could look at pregnant women and birth outcomes like prematurity.
- Could look at height/weight for infants where mom is overweight or obese.
- Could look for a correlation between at risk for overweight/obese and feeding method.
- Could look at peer counselling – initiating, 3 mo., 6 mo., and 12 mo. and how each clinic compares to other MT clinics.
- BMI with breastfeeding, anemia with breastfeeding, initiation of solids to compare with other MT clinics would be helpful.
- Please put the charts that were shown under the “data” tab on the website.

Kate told the group that releasing raw data that has not been analyzed makes her nervous. She is also concerned about how questions are answered on the Health Info page in SPIRIT where certain answers can trigger responses in the system. She also talked about a potential project where the risk factors (70 of them) are analyzed.

Next WW Meeting

The next WW meeting will take place on April 12th from 8 a.m. to 2 p.m. in conjunction with the Breastfeeding Learning Collaborative Conference at Fairmont Hot Springs.

Agenda for April Meeting of the WW

Nutrition Assessment Survey Format Review – How to make WIC more client-centered.

WIC Data follow up

DRAFT Formula Prescription Form(s) Review

Results of the Customer Service Survey

Evaluation

The group performed a short evaluation of the day. They were asked what they liked about the meeting and what could be changed to improve the meetings. As to what they liked, one person said they “love having Alaine with us – she can help us be better at data we can use.” Another appreciated the positive interaction between state and locals – “eye opening.” Three people liked the discussion on the Formula Prescription Forms and the effort to make the form concise and simple. Another three members appreciated circling back to the outreach discussion. One person said it was a “productive day, more done.” Several members liked the data discussion - limitations and possibilities. One person said that they liked the engagement level and that it “stimulated good, productive conversation.” That was supported by another member’s comment that the “agenda opened up a lot of conversation which was useful to us.”

As to what could be changed to make the meeting better, several people noted that the group did better today in that they didn’t get “stuck.” Two people suggested that when the group does get stuck, the facilitator can come in and help the group move forward. One person would have liked the agenda topics with more time prior to the meeting.